

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
January 20, 2016 10:00 am to 3:30 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, IA 50310
MEETING MINUTES

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	LeAnn Moskowitz
Kenneth Briggs Jr.	Donna Richard-Langer
Jackie Dieckmann	Brad Richardson (phone)
Jim Donoghue (phone)	Jim Rixner
Kathleen Goines	Lee Ann Russo (phone)
Kris Graves	Christina Schark
Julie Kalambokidis (phone)	Dennis Sharp
Gary Keller	Rhonda Shouse
Anna Killpack	DJ Swope
Todd Lange (phone)	Kimberly Wilson
Amber Lewis	

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Jim Chesnik	Craig Matzke
Jim Cornick	Tammy Nyden
Julie Hartman	Lori Reynolds
Sharon Lambert	Jennifer Vitko

OTHER ATTENDEES:

Barb Anderson	Iowa Department of Education
Theresa Armstrong	Bureau Chief, Community Services and Planning, DHS
Karen Hyatt	DHS, MHDS, Community Services & Planning
Peter Schumacher	DHS, MHDS, Community Services & Planning
Kathy Stone	Iowa Department of Public Health
Tracy White	Hope Center

Chair Teresa Bomhoff called the meeting to order at 10:04 a.m. and led introductions. Quorum was established with 16 members present and 6 participating by phone.

Approval of Minutes

Donna Richard-Langer noted that the minutes say she was absent for the November meeting when she was on the phone. Gary Keller made a motion to approve the minutes from the November 18, 2015 meeting as corrected. Julie Kalambokidis seconded the motion. The motion passed unanimously.

Nominations Committee – by Ken Briggs

Ken Briggs said he expected to receive an application from Tracy White. Tracy is an individual with lived experience with mental health and a parent of a nineteen year-old with mental health needs. The Mental Health Planning and Advisory Council (the Council) currently has two openings for parents of children with Serious Emotional Disturbances (SED). Teresa said she would check to see at what age the regulations consider someone to be a child or an adult for the purposes of Council membership.

Teresa Bomhoff noted that there is a vacancy for a representative of Mental Health as a state agency. Teresa asked if Michele Tilotta had filled out an application to join the Council. Teresa said the only reason she would need to is because while she is a representative of a state agency, she does not represent one of the four named state agencies in the Mental Health Block Grant.

Monitoring and Oversight Committee – by Jackie Dieckmann

Jackie Dieckmann said they had not had a meeting in several months. Donna Richard-Langer asked if there was a regular time when the Monitoring and Oversight Committee had met. Jackie answered that they used to meet on the Second Monday of each month, but had not for a while.

Teresa Bomhoff noted the report from the last meeting included some information on the contractors, and asked what the deliverables were for the contract with the Technical Assistance Collaborative. Anna Killpack said there were no deliverables listed. Peter Schumacher said he did not know what the deliverables for that contract were off the top of his head.

Anna said the committee would like a document listing the contracts paid for with Community Mental Health Block Grant funds as Projects of Statewide Significance with more detail including deliverables.

Kim Wilson asked if the Monitoring and Oversight Committee should be receiving documents like deliverables and reports from contractors. Teresa Bomhoff said that would have to be a discussion with the Department of Human Services (the Department).

Public Safety Workgroup Report – by Brad Richardson

Brad Richardson reported that the Public Safety Workgroup had developed a survey and will be taking it to the Marshalltown Sheriff's Office. The survey is relatively simple and is designed to be filled out at the time of booking by the police officer. The survey consists of basic information about the person being charged, the charges, and asked if there were an alternative to filing charges in this case, would the officer have preferred to utilize that alternative.

Teresa Bomhoff asked if they had planned to have the survey at other police departments. Brad Richardson said it would just be Marshalltown initially, and then they will consider sending the survey to other departments as well.

Donna Richard-Langer asked if there would be a list of possible alternatives so the officers would know the context of the question. Teresa answered that part of the point of the survey is to determine whether law enforcement officers are aware of alternatives to filing charges.

Teresa said she and Brad would be meeting with the Iowa State Sheriffs' and Deputies' Association to discuss a partnership to establish an online training module on mental health for law enforcement officers. Teresa said Craig Matzke had been looking at possible vendors for the training module and estimated the cost to be around \$100,000.

Children's Workgroup – Anna Killpack

Anna Killpack said she did not have much to report from the Children's Workgroup. Teresa Bomhoff said the Children's Workgroup planned to meet with the Juvenile Justice League, but had to reschedule. The meeting will be held after the Council's meeting.

Legislative Workgroup – Teresa Bomhoff

Teresa said there were copies of the Iowa Code Section concerning Mental Health Advocates. Teresa said the rules say that Judicial Mental Health Advocates are employees of a county or counties, and are supervised by that county or counties. Teresa also said the rules contain standards, job descriptions, and aim to provide consistency across the state.

Teresa said she had made an outline of the Mental Health Block Grant narrative to serve as a resource for anyone who would like to learn more about Iowa's Mental Health system. Teresa presented the outline.

Kim Wilson spoke about MHDS Regions. The Regions submitted their annual reports on December 1, 2015, and they should be posted to the Department's website soon. Kim said the MHDS Regions are proposing legislation to update the levy cap for MHDS funding.

Teresa presented the Council's legislative priorities, and spoke about the Children's Mental Health and Well-Being Workgroup's Final Report. She spoke about the recommendations made.

Teresa Bomhoff presented an example of a caucus resolution that people could present to their party caucuses. Each party will consider resolutions to be part of their party platforms. The resolution is not specific to either party, so it can be used by anyone. Teresa encouraged anyone who was interested to present the resolution, or one like it, at their caucus.

Rhonda Shouse spoke about the Media Relations Workgroup. She said when the workgroup formed, it was as Iowa Medicaid Enterprise (IME) was receiving bids from Managed Care Organizations (MCO) to be part of IA Health Link. Rhonda said the workgroup had not had an opportunity to meet, but she encouraged the Council to revisit the idea as a way to share the stories of people with mental health needs.

The Council discussed the transition to IA Health Link.

Teresa Bomhoff shared a handout with information on inpatient psychiatric beds in Iowa. The handout contained information on the different types of beds throughout Iowa. Teresa also spoke about a piece of legislation in Congress that would require health insurance companies to demonstrate how they meet mental health parity requirements.

Teresa spoke about a group called AMOS (A Mid-Iowa Organizing Strategy), which is an organization of churches. Teresa said AMOS had been spending time discussing challenges with Iowa's mental health system. The group decided to replicate a study that measured the accuracy of mental health care providers' listed information such as their physical address, the insurance they accept, and whether they are accepting new patients. AMOS looked at mental health prescribers who accepted insurance through Iowa's Health Insurance Exchange. Teresa said there were several retired or non-mental health specialists listed.

The Council discussed challenges with mental health workforce in Iowa.

There was a break taken for lunch at 12:15 pm.

The meeting resumed at 1:04 pm.

State Agency Reports:

Department of Human Services, MHDS –Theresa Armstrong

Theresa Armstrong said that MHDS Regions had submitted their first annual reports as Regions on December 1, 2015. The Department is still looking through the data submitted, but hopes to have it posted by the end of January.

Theresa spoke about the development of crisis programs. Theresa presented a handout with the number of residential crisis beds, and the progress made between July, 2014 and July, 2015. Theresa said that all regions had some crisis services in place, but some regions were still working on meeting access standards.

Theresa spoke about Integrated Health Homes (IHH) and how all IHHs are to have a Peer Support Specialist (PSS) and Family Peer Support Specialist (FPSS) on staff. Rhonda Shouse asked who people should call if they are having issues with IHH

services or providers. Theresa answered that members should call IME, or she would be welcome to call Theresa Armstrong or Laura Larkin at MHDS as well.

Theresa reported that the Autism Support Program, which had previously been managed by Magellan, is now being managed by Connie Fanselow in MHDS. The program provides funding for children with autism under age nine to receive applied Behavioral Analysis if they are not eligible for Medicaid and do not have the service covered by their parents' health insurance. Currently, nineteen children were served by the program.

Theresa said this is a small program, and there are not many Board Certified Behavioral Analysts (BCBA) in the state who are able to provide the service. Currently there is one program in Iowa that trains BCBAs.

The Autism Support Program was included in the Medicaid Request for Proposals (RFP) last year, and will be managed by the MCOs even though it is not a Medicaid program.

Theresa said the Children's Mental Health and Well-Being Workgroup submitted a report on December 15. The Department is waiting for legislative action on the recommendations included in the report. Theresa said the Department is very supportive of the recommendations in the report including the development of a statewide mental health crisis phone line.

Teresa Bomhoff asked if Director Palmer included funding for the recommendations in the budget he submitted to the Governor. Theresa Armstrong answered that he had not because the budget was finished before the workgroup had made its recommendations. Teresa Bomhoff asked if it was included in the Governor's budget. Theresa Armstrong answered that it was not because the Governor's budget also had to be completed before the workgroup submitted its recommendations. Teresa Bomhoff asked if the recommendation from the workgroup was for two separate \$300,000 appropriations for the development of crisis services and for the learning labs. Peter Schumacher answered that the workgroup recommended \$300,000 be appropriated for each, and not shared between the two projects.

Theresa Armstrong said the Children's Mental Health and Well-Being Workgroup subcommittee chairs would be presenting the report to the Joint Health and Human Services Budget Subcommittee on January 20.

HF 2039: is a bill about mandatory disclosure for mental health providers and professionals. Under this bill, if an individual is a danger to themselves or others and an immediate family member contacts a mental health provider, the provider would have to give that person information on the involuntary commitment process, and the provider would be held harmless as they have provided the information in good faith.

HF 2040: is a bill regarding judicial mental health advocates. Last session, there was a bill that directed the Department to develop rules regarding mental health advocates. This bill states that mental health advocates have exclusive control over the performance of their duties as long as it does not conflict with administrative rules or the best practices from the Judicial Council.

Teresa Bomhoff said there was a bill filed that would allow psychologists to become prescribers if they go through a three year training program.

Theresa said IME is in daily contact with the Center for Medicare and Medicaid Services (CMS) to prepare for the transition to IA Health Link. The Department is having regular meetings with the MCOs to review their contract data and sharing information. Theresa said there is a Bureau of Managed Care which is managing and overseeing the MCOs. CMS wants the department to make sure every person receiving long term services and supports has a case manager assigned to them. The Department has been calling every case management agency to ensure every Medicaid member is accounted for.

Jackie Dieckmann asked if the training for case managers employed by or contracted with the MCOs will be the same across the three companies. Theresa answered that all the training will be based on the same information, but each company will be training their staff in their own way.

Theresa said the MCOs are looking to have a collaborative effort around Integrated Health Homes (IHH). LeAnn Moskowitz said the MCOs initiated weekly phone conferences with IME to share information and ensure that members who receive IHH services will not have an interruption in their care.

Rhonda Shouse asked if all the MCOs had offices in Iowa. Theresa answered that all three MCOs have offices in Des Moines, and they will be maintaining a visible presence in communities across Iowa.

Jim Rixner asked if case managers were going to be employed by MCOs. Theresa answered that community case managers are required for members receiving waiver services, individuals with an intellectual or developmental disability, and members living in Intermediate Care Facilities or nursing care facilities. The MCOs will either employ their own case managers, or contract with case management entities to provide the service.

Kim Wilson asked about members on the elderly waiver aging out of their habilitation services after they turned sixty-five years old. LeAnn said that those services do not have an age cap, but that Medicaid for Employed People with a Disability (MEPD) does have an age cap at sixty-five years, and that is something of which IME is aware. Dennis Sharp said he is on MEPD, and asked if he would be able to continue to be on MEPD after he turns sixty-five. LeAnn said he would not, but that is when Medicare kicks in, so he will have coverage.

Rhonda Shouse asked about Consumer Directed Attendant Care (CDAC) providers, and said they are being auto-enrolled with MCOs. LeAnn said all CDAC providers are considered deemed for their enrollment with MCOs. If they are providing services for a person today, they can continue tomorrow, and bill the MCOs. LeAnn said one MCO chose to have contracts as well for more security regarding the rates, but all CDAC providers will be able to bill the MCOs automatically.

Christina Schark asked Theresa about the Certified Community Behavioral Health Clinics (CCBHC) planning grant is progressing. Theresa answered that Iowa received a planning grant from the Substance Abuse and Mental Health Service Administration (SAMHSA). The Department formed a stakeholder workgroup to meet on January 26, 2016. The Department will need to name at least two CCBHCs that meet several criteria. Theresa said the Department has been very careful in how they involve providers in this process to avoid any possible conflict of interest in the procurement process. The Department is working with providers through their associations instead. The stakeholder group will include representatives from the Council, the MHDS Commission, the Iowa Association of Community Providers, persons in recovery, and other stakeholders. There is one full time staff person from the University of Iowa Center for Disabilities and Development to provide project management services.

Christina Schark asked if the Department is looking to contract with a provider that already meets all of the required criteria. Theresa answered that there probably is not a provider in the state that meets all nine criteria.

Teresa Bomhoff asked if there would be a chart of what services the providers would be required to provide. Theresa Armstrong answered that it would be a part of the procurement process.

CareMatch Inpatient Bed-Tracking System Update – Karen Hyatt

Karen Hyatt said the Department had implemented a web-based system that hospitals with inpatient psychiatric programs and other stakeholders could use to find available beds. Karen said most hospitals are currently updating their status more than once a day, but almost all are updating at least every twenty-four hours. Currently hospitals, MHDS Regions, law enforcement, and other stakeholders all have access to the system. A user looking for a bed is able to search for the type of bed they need such as adult, child, or geriatric, male or female, locked or unlocked unit. The results are sorted by driving distance from the person searching.

Karen said entering data and searching for a bed is very quick and user-friendly. The contact information is not general hospital information; it always goes to a specific person within the hospital; normally in the psychiatric or emergency department. Karen said participation in the system is voluntary, and all the eligible hospitals are participating because they are invested in providing more effective and efficient care to people.

Jackie Dieckmann said she lives in Council Bluffs, so the nearest hospital might be in Omaha, Nebraska. Jackie asked if out-of-state hospitals are included in this system. Karen answered that the information is Iowa-specific right now. There is an advisory group that is looking at adding border hospitals if Iowa has agreements with the other state.

Jackie Dieckmann asked if hospitals keep beds available in case individuals walk in from the community. Karen answered that there is at least one hospital that does something like that. Holding beds would be a matter of that hospital's policy, and is not affected by the CareMatch system.

Rhonda Shouse asked if the Department is still setting the goal of hospitals updating their information three times per day. Theresa Armstrong answered that it is a voluntary system and there is no requirement, but the Department is encouraging hospitals to update their information every time there is a shift change. Some hospitals have three shifts, and others may have four. Karen said she has asked hospitals to update their data even if there is no change in available beds so people looking can be assured the information is current.

DJ Swope asked if this system could be coded into the hospitals' system so that every time a patient was admitted, the bed automatically showed as occupied on the system. Karen said this idea has been discussed, but there are some challenges with hospitals using different software or paper forms.

Department on Aging – DJ Swope

DJ Swope reported that there is a veterans' Home and Community-Based Service (HCBS) program. This would allow veterans to receive the services and supports they need while living in their own homes rather than in nursing care.

DJ also said there is a new suicide prevention group being formed by the Department of Public Health (IDPH). There will be a new suicide prevention plan, and IDPH is looking for people who would be interested in serving on the group.

Anna Killpack asked how often they were planning on meeting. DJ answered that the group would meet quarterly.

Public Comment:

There was no public comment.

Meeting Adjourned at 3:21 pm

Minutes respectfully submitted by Peter Schumacher